

## RETENTION OF STRESS URINARY INCONTINENCE AFTER THE POSTPARTUM

### Hypothesis / aims of study

To identify the prevalence of Stress urinary incontinence during the third trimester pregnancy and its retention after the postpartum

### Study design, materials and methods

Quantitative, cross-sectional, descriptive study.

Sample size: 123.

Sampling method: Purposive sampling

Materials: Expanded paper towel test (EPTT), incontinence impact questionnaire (IIQ-7)

At first the prevalence for stress urinary incontinence among the third trimester pregnancy was determined with positive expanded paper towel test. The test was performed only after obtaining the verbal and written consent from the pregnant women. Quality of life was measured who had positive SUI with IIQ-7. They were treated by physiotherapist with pelvic floor exercise, Kanck maneuver. A telephone survey was conducted among 24 of these treated patients after 6 months to know about their current condition. The rest 10 treated patients did not have contact numbers. Among those having telephone numbers, only 20 patients responded and other 4 patients could not be reached. Association between the variables like age, BMI, occupation, parity and mode of previous delivery and SUI was determined through statically with Chi-square test.

### Results

Among 123 pregnant women only 34 (i.e only 33%) were found to have EPTT positive which identified stress urinary incontinence and 29.10 % admitted that it is affecting their quality of life. All 34 patients were treated with physiotherapy and 20 of them were followed up through a telephonic survey. Of these, 9 patients continued physiotherapy exercises and 11 discontinued. All 9 patients continuing physiotherapy exercises reported negative SUI. Among the remaining 11 patients not continuing physiotherapy exercise, 9 were found to have positive SUI with the symptoms occurring during coughing/sneezing and squatting. Parity, mode of previous delivery and BMI are associated with SUI as indicated by the results presented in Table below.

Variables	Chi-square	P-value	Remark
Age group	5.435	0.143	No association
BMI	7.590 <sup>a</sup>	0.055 <sub>x</sub>	Association
Occupation	5.419 <sup>a</sup>	0.367	No association
Parity	10.403 <sup>a</sup>	0.006	association
Mode of previous delivery	12.322 <sup>a</sup>	0.002	association

### Interpretation of results

Pelvic floor exercise during antenatal and postnatal phases prevents SUI and improves quality of life.

### Concluding message

Awareness of the importance of Pelvic floor exercise should be promotewd among health professionals, especially in developing countries like Nepal. It offers an economic treatment and improve quality of life.

### References

1. Int Urogynecol J (2013) 24:901–912
2. Neurourol Urodyn. 2004;23(7):649-55.
3. J Am Geriatr Soc. 1998 Jul;46(7):870-4.

### Disclosures

**Funding:** expecting to receive abstract award/ travel grant **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Institutional Review Committee, Dhulikhel Hospital, Nepal **Helsinki:** Yes **Informed Consent:** Yes